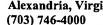
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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APPLICATION NO.	FILING DATE	FIRST NAM	ED INVENTOR	1	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/001,346	10/001,346 10/31/2001		James J. Bernas		SP01-015	3367	
APPLN. TYPE	OLID FREEFORM FABRIC	CATION OF LIGHTWEIGHT	LITHOGRAPHY S		TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	· NO	\$1330	\$300		\$1630	07/09/2004	
EXAMINER		ART UNIT	CLASS-SUB	CLASS	1	·	
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CFR 1.363). Change of correspond Address form PTO/SB/1 "Fee Address" indicat	te address or indication of "F lence address (or Change of C 22) attached. ion (or "Fee Address" Indica or more recent) attached. Us	Correspondence agents (firm (ha agent) a attorney.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Timothy M. Schaeberle				
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☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
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(Authorized Signature)	moly 11 1(L)	(Date) UMC) ⁴ . 05	/05/2004 M	IAHMED2 00000028 033	325 10001346	
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